	Effective October 1, 2000 99326												
المراجعات والمستجرب والمستجرب والمستجرب والمستجرب والمستجرب والمستجرب						mn 2)		SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			45					RATE	FEE	1 1	RATE	FEE	İ
FOR			NUMBER FILED		NUMBER EXTRA		B	ASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			US minus 20=		• 25			X\$ 9=	2250	or	X\$18=	•	-
INDEPENDENT CLAIMS			4 minus 3 =				r	X40=	1.	OR	X80=		İ
MI	ILTIPLE DEPEN	DENT CLAIM P	RESENT					+135=	900	OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL	620ct	1	TOTAL		
	1/ C		IOIAL	·		OTHER		. :					
نے	1/2404 (Column 1) (Column 2) (Column 3)								ENTITY	OR ·	SMALL		i
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVI PAID	BER OUSLY	PRESENT EXTRA	RATE	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
曼	Total	.45	Minus	- 4	5	=		X\$ 9=		OR	X\$18=		
AME	Independent	• 4	Minus	(	<u>{                                    </u>	- /		X40=	1.19 to 1.	OR	<b>366-</b>		
L	FIRST PRESE		+135=		OR	300							
OR ADDIT. FEE OR ADDIT. FEE												0-	
3.9.		(Column 1)		(Colu		(Column 3)			9.76			37.4	: e
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVI	BEA · ·	PRESENT 'EXTRA	:: 1	RATE	ADDI- TIONAL FEE	. 7:	PATE	ADDI- TIONAL FEE	5 · 3
	Total	• \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Minus ()	٥٠ (	No	me		X\$ 9=	,	ÓR	X\$18=	.,	
	Independent	dependent • / WWW Minus • RST PRESENTATION OF MULTIPLE DEPEN			517 01 4114			X40=		OR	X80=	7	
L	FIRST PRESE	<b> </b>	+135=/		OR	<del>1</del> 270	1 1	1					
										OR	ADDIT FEE		1
		(Column 1)		(Colu	mn 2)	(Column 3)	AU	OOIT. FEE			AUUII. PEE	<b>-</b>	1:
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**			I	X\$ 9=		OR	X\$18=	ï	
	Independent	•	Minus	***		3	╽┝	X40= .		1	X80=		1 .
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	CLAIM		┞	· ·		OR			1
* If the entry in column 1 is less than the entry in column 2, write "V" in column 3.													]
•••	ll the "Highest Nu If the "Highest Nu	mn 1 is less than t mber Previously Pa mber Previously Pa iber Previously Pai	aid For IN THI aid For IN THI	S SPACE ( S SPACE	is less tha is less tha	n 20, enter "20." in 3, enter "3."	AU	TOTAL DIT. FEE In the ap	propriate bo	-	TOTAL ADDIT: FEE lumn 1,		

Application or Docket Number